

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 2586  
88  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2586	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 N. Taylor Ave.,				e. STREET ADDRESS (If rural, give location) 1220 N. Taylor Ave., 0			
3. NAME OF DECEASED (Type or Print) Arthur		a. (First)		b. (Middle)		c. (Last) Hardy	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1951		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Mar. 4, 1883		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) 9	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 498-01-0182		17. INFORMANT'S SIGNATURE OR NAME Henry Coffie		ADDRESS 1220 N. Taylor Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Asthma  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 2 days			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY none	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2H2		22. I hereby certify that I attended the deceased from 1-2, 1951, to 1-4, 1951, that I last saw the deceased alive on 1-4, 1951, and that death occurred at 1:45 a.m., from the causes and on the date stated above.		23a. SIGNATURE Dr. J. B. Lasater M.D.	
23b. ADDRESS 828 N. Channing		23c. DATE SIGNED 1-4-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/9/51	
24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) St. Louis		24e. (State) Mo.		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry	
25. ADDRESS 4202 Finney Ave.		DATE RECD BY LOCAL REG. 1951		REGISTRAR'S SIGNATURE J. B. Lasater			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Melvin E. Green*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4428*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.